PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/624,445			ing Date 22/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
\vdash	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	_	N/A	LD INO	N/A		N/A	122 (0)	ı	N/A	TLL (0)	
П	SEARCH FEE	or (c))	N/A		N/A		N/A		ı	N/A		
$\overline{}$	(37 CFR 1.16(k), (i), (EXAMINATION FE	E	N/A		N/A		N/A		ı	N/A		
	(37 CFR 1.16(o), (p), FAL CLAIMS	or (q))	minus 20 =				x s =		OR	x s =		
IND	CFR 1.16(i)) EPENDENT CLAIM	IS .	minus 3 = *				x s =		Oit	x s =		
	CFR 1.16(h)) APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit 35 U	specifica ts of pape 50 (\$125 ional 50 s S.C. 41(gs exceed 100 in size fee due for each in thereof, See CFR 1.16(s).		^* -			^* -			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))												
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		ı	TOTAL		
APPLICATION AS AMENDED – PART II OTHER THA (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL EN												
AMENDMENT	08/06/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(1))	· 16	Minus	30	= 0	l	x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	• 2	Minus	3	= 0	1	x \$ =		OR	X \$200=	0	
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
T. A.									OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.1801)		Minus		=	l	x \$ =		OR	x s =		
	Independent (37 CFR 1.16(h))		Minus	***	=	1	x \$ =		OR	x s =		
	Application Size Fee (37 CFR 1.16(s))								1			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
. 14	the onto in colu	1 is loss than #	entry in c=1	urran 2 write #0° ==	column 2	•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
"If the entry in column 1 is less than the entry in column 2, write 0" in column 3. **If the "Highest Number Previously Paid For IN THIS SPACE is less than 30, enter "20". **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20". **If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". **Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". **Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". **Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". **Uniform Paid Paid Paid For IN THIS SPACE is less than 10, enter "20". **Wand Meredith **Line This Paid Paid Paid For IN THIS SPACE is less than 10, enter "20". **Wand Meredith **Line This Paid Paid For IN THIS SPACE is less than 10, enter "20". **Wand Meredith **Line This Paid Paid For IN THIS SPACE is less than 3, enter "3". **Line This Paid Paid For IN THIS SPACE is less than 3, enter "3". **Line This Paid Paid For IN THIS SPACE is less than 3, enter "3". **Line This Paid Paid Paid For IN THIS SPACE is less than 3, enter "3". **Line This Paid Paid Paid For IN THIS SPACE is less than 3, enter "3". **Line This Paid Paid Paid For IN THIS SPACE is less than 3, enter "3". **Line This Paid Paid Paid For IN THIS SPACE is less than 3, enter "3". **Line This Paid Paid Paid For IN THIS SPACE is less than 3, enter "3". **Line This Paid Paid Paid For IN THIS SPACE is less than 3, enter "3". **Line This Paid Paid Paid For IN THIS SPACE is less than 3, enter "3". **Line This Paid Paid Paid For IN THIS SPACE is less than 3, enter "3". **Line This Paid Paid Paid For IN THIS SPACE is less than 3, enter "3". **Line This Paid Paid Paid For IN THIS SPACE is less than 3, enter "3". **Line This Paid Paid Paid For IN THIS SPACE is less than 3, enter "3". **Line This Paid Paid Paid For IN THIS SPACE is less than 3, enter "3". **Line This Paid Paid Paid Paid For IN THIS SPACE is less than 3, enter "3". **Line This Paid Paid Paid Paid P												

This collection of information is required by 37 CFR. 1.16. The information is required to obtain or retain a benefit by the public with in is to life (and by the LISPTO to process) an application. Confidentiality is overwined by 80 LSC. 122 and 37 CFR. 1.14. This collection is estimated to their 21 minutes to complete including gathering, preparing, and submitting the completed application form to the LUSPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U. S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandris, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandris, VA 22313-1450.